

MOIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
362 West Washington Street, Resers W.W. 
Industriples, IN 462-4-2755
http://www.ni.gov.of/a/fresp\_bs\_comm\_codo

INSTRUCTION: Floaso refer to the elleched four (4) page instructions.

Attach additional pages as needed to complete this

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15-05-46

1. APPLICANT INFORMATION (Person who would be in violation if versant	e is not granted; usuali)	rthis is the owner)
Name of the westign	Tare	
Mr. Work Barnett	Owner	
There of Courtinees	Telephone from the St. S S. C.	y _ 1861 y
N.F.	34 - 44	f Tariak
Address humber and street, state, and 267 score; 13903 Run Charlet Lane, McCordsville, Indiana 45055		The state of the s
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(If not submitted by the	appliéam)
Name of person on twisted of the applicant	Titie	
Mr. Timothy T. Chillas	Pincipal .	
Name of Organization	Telephone Number	
J&T Consulting, LLC	(317) 889-4300	
Address (number and steet), tits, visits, and IIP exals) 8220 Rob Lane, Indianagosis, Indiana 48237		à de la companya de l
3. DESIGN PROFESSIONAL OF RECORD (It spolicable)		
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Namo el Organización	Тенцияния протава	
Address (reunber will steel city, state, and SIF codo).	- Control of the cont	
4. PROJECT IDENTIFICATION		
Name of Project	falula project member	Coasty
Villas nt Goist Biock = 7	<u></u>	Hamilton
Sin Address founder and smad, sip. sins. and 719 rades 13903 Rus Charlot Larse. McCordsville, Indiana 45055		
Type of project.   New   Addition   Alterdism	☐ Change of occupancy	[2] Existry:
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[3] Written documentation showing that the local fee official has received a copy of	the vertance application	
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6. VIOLATION INFORMATION		
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The player, which a capy of the Correction Code) No		
Has a Violation book issued? D Yes of yes, affect a copy of the viscoline and arrane	a the fallowary (	⊠ No
Violation season by I Local Estating Department I Stere Fire and Building C I Local Fire Department		
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	DESCRIPTION OF REQUESTED VARIANC	Ē	
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	Milanu Bullding Code – 2008 Eudina	907.23744	indo 4 13-05-42
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	EMONSTRATION THAT PUBLIC HEALTH	SAFETY, AND WELFARE W	LL BE PROTECTED
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401	STATEMENT OF ACCURACY		
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i in energy	STATEMENT OF AWARENESS (If the applicable country from the applicable country that it are seen	il Allen is entirollied on the applicant Pari line transmit by antisers	a beball, the applicant most eign the following eletencycli that the supplication is being automotics on one below!
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English and Property



INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this

Variance number (Assigned by department)

application		
1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usually	this is the owner)
Name of the applicant	Title	
Ms. Sandra Kessler	Owner	
Name of Organization	Telephone Number	·
N/A		
Address (number and street, city, state, and ZIP code)		
13907 Rue Charlot Lane, McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(if not submitted by the	applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal	
Name of Organization	Telephone Number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
3. DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name of design professional N/A	License number	
Name of Organization	Telephone number	
Address (number and street, city, state, and ZIP code)	L.	·
4. PROJECT IDENTIFICATION		
Name of Project Villas at Geist Block # 7	State project number	County Hamilton
Site Address (number and street, city, state, and ZIP code) 13907 Rue Charlot Lane, McCordsville, Indiana 46055		
Type of: project: New Addition Alteration	☐ Change of occupancy	⊠ Existing
5. REQUIRED ADDITONAL INFORMATION		
The following required information has been included with this application <i>(check as</i> A check made payable to the Indiana Department of Homeland Security for the		nstructions)
One (1) set of plans or drawings and supporting data that describe the area affer alternatives.	ected by the requested varia	nce and any proposed
Written documentation showing that the local fire official has received a copy of	the variance application.	
☑ Written documentation showing that the local building official has received a cop	by of the variance application	n,
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction	Order?	
☐ Yes (if yes, attach a copy of the Correction Order)		
Has a Violation been issued? Yes (if yes, attach a copy of the Violation and answer	er the following:)	⊠ No
Violation issued by: ☐ Local Building Department ☐ State Fire and Building C☐ Local Fire Department		<del> </del>

	NECODIDETON OF DECLIES		
W. C.	DESCRIPTION OF REQUESTED VARIANCE		CONTRACTOR SUCCESSION OF SUCCE
1	e of code or standard and edition involved ndiana Building Code – 2008 Edition	Specific code section	. # 10 00 10
	re of non-compliance (include a description of spaces,	907.2.9/Variance	9 # 13-06-42
l A	n existing 1-story 4-unit residential building re	eceived variance to install a fire alarr	m system in lieu of a NFPA 13D system per
V	ariance # 13-06-42. There are four owners the	at are required to pay for monitoring	cost that wasn't part of the sale of their unit.
1 "	he variance request is to remove the fire alan Townhouse Definition" per HB 1301 & Chapte	r 2 IBC. Each unit is separated with	De designated as townhouses per the new  2-hour fire resistive walls as required by the
C	efinition and complies with all aspects of the	definition.	
8. I	DEMONSTRATION THAT PUBLIC HEALTH,	SAFETY, AND WELFARE WILL B	E PROTECTED
Sele	ct one of the following statements:	•	
	Non-compliance with the rule will not be adverse	to the public health, safety or welfare;	or
	Applicant will undertake alternative actions in lieu to public health, safety or welfare. Explain why a	u of compliance with the rule to ensure alternative actions would be adequate (	that granting of the variance will not be adverse be specific)
Facts	s demonstrating that the above selected statement is tr	ue:	
1	. The units comply with the townhouse definit	ion. Fire alarm system is not require	d by the 2005 Indiana Residential Code.
9. Г	EMONSTRATION OF UNDUE HARDSHIP O	OR HISTORICALLY SIGNIFICANT	STRUCTURE
Sele	ct at least one of the following statements:		
	Imposition of the rule would result in an undue ha its utility services.	rdship (unusual difficulty) because of ph	ysical limitations of the construction site or
	Imposition of the rule would result in an undue habuilding or structure.	rdship (unusual difficulty) because of ma	ajor operational problems in the use of the
×	Imposition of the rule would result in an undue has elements.	rdship (unusual difficulty) because of ex	cessive costs of additional or altered construction
	Imposition of the rule would prevent the preserva	tion of an architecturally or a historically	significant part of the building or structure.
,	demonstrating that the above selected statement is true	ie:	
l tr	le tire alarm installation. This could cause lega	al issues for the contractor as the fire	ring cost and the additional hardware to finish a alarm system was added without any
0	pproval from the HOA or the owners themselv	es.	
el o	STATEMENT OF A COURT OF		
THE REAL PROPERTY.	STATEMENT OF ACCURACY		And the second of the second o
	eby certify under penalty of perjury that the informature of applicant or person submitting application	Please print name	
Jugino	application	Timothy T. Callas	Date of signature (Month, day, year) February 3, 2015
Signa	ture of design professional (if applicable)	Please print name	Date of signature (Month, day, year)
			Date of signature (Month, day, year)
11	STATEMENT OF AWARENESS (1)		
			alf, the applicant must sign the following statement)
har		OF THIS PARTIAGE FOR VARIANCE and that the	
	eby certify under penalty of perjury that I am aware		
	ture of applicant  Seus Olv  Jandra Seus Olv	Please print name Sandra Kessler	Date of signature (Month, day, year) $2 - 16 - 2015$



INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this

Variance number (Assigned by department)

upprocess.		
1. APPLICANT INFORMATION (Person who would be in violation if variant	e is not granted, usually	this is the owner)
Name of the applicant	Title	
Ms. Cynthia Harvey	Owner	
Name of Organization	Telephone Number	
N/A	Telephone Number 311-141-7	680
Address (number and street, city, state, and ZIP code)		
13911 Rue Charlot Lane, McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(if not submitted by the	applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal	
Name of Organization	Telephone Number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name of design professional N/A	License number	
Name of Organization	Telephone number	
Address (number and street, city, state, and ZIP code)	I	
4. PROJECT IDENTIFICATION	2	uller Schools and Schools and Schools
Name of Project	State project number	County
Villas at Geist Block # 7	State project number	County Hamilton
	State project number	, ,
Villas at Geist Block # 7 Site Address (number and street, city, state, and ZIP code)	State project number  Change of occupancy	, ,
Villas at Geist Block # 7 Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055		Hamilton
Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: New Addition Alteration  5. REQUIRED ADDITONAL INFORMATION	☐ Change of occupancy	Hamilton
Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: New Addition Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as	☐ Change of occupancy	Hamilton  ⊠ Existing
Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: New Addition Alteration  5. REQUIRED ADDITONAL INFORMATION	☐ Change of occupancy	Hamilton  ⊠ Existing
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Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: ☐ New ☐ Addition ☐ Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as ☐ A check made payable to the Indiana Department of Homeland Security for the ☐ One (1) set of plans or drawings and supporting data that describe the area affer	☐ Change of occupancy  applicable): e appropriate amount (see incided by the requested variance)	Hamilton   Existing  Instructions
Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: □ New □ Addition □ Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as □ A check made payable to the Indiana Department of Homeland Security for the □ One (1) set of plans or drawings and supporting data that describe the area affectives.  □ Written documentation showing that the local fire official has received a copy of	Change of occupancy  applicable): e appropriate amount (see in ected by the requested variant the variance application.	Hamilton  Existing  Instructions)  Ince and any proposed
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Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: □ New □ Addition □ Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as □ A check made payable to the Indiana Department of Homeland Security for the □ One (1) set of plans or drawings and supporting data that describe the area affer alternatives.  □ Written documentation showing that the local fire official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing that the local building official has received a copy of □ Written documentation showing the written written when we will be written written when we will be written when written when written written when we will	Change of occupancy  applicable): e appropriate amount (see in ected by the requested variant the variance application.	Hamilton  Existing  Instructions)  Ince and any proposed
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Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: □ New □ Addition □ Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as □ A check made payable to the Indiana Department of Homeland Security for the □ One (1) set of plans or drawings and supporting data that describe the area affeaternatives.  □ Written documentation showing that the local fire official has received a copy of □ Written documentation showing that the local building official has received a copy of □ VIOLATION INFORMATION	☐ Change of occupancy  applicable): e appropriate amount (see in ected by the requested varia the variance application. by of the variance application	Hamilton  Existing  Instructions)  Ince and any proposed
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Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code)     13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project:	Change of occupancy  applicable): e appropriate amount (see in ected by the requested varia the variance application. by of the variance application  Order?	Hamilton  Existing  Instructions)  Ince and any proposed
Villas at Geist Block # 7  Site Address (number and street, city, state, and ZIP code) 13911 Rue Charlot Lane, McCordsville, Indiana 46055  Type of: project: □ New □ Addition □ Alteration  5. REQUIRED ADDITONAL INFORMATION  The following required information has been included with this application (check as □ A check made payable to the Indiana Department of Homeland Security for the □ One (1) set of plans or drawings and supporting data that describe the area affer alternatives.  □ Written documentation showing that the local fire official has received a copy of □ Written documentation showing that the local building official has received a copy of □ VIOLATION INFORMATION  Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction □ Yes (if yes, attach a copy of the Correction Order) □ No	Change of occupancy  applicable): e appropriate amount (see in ected by the requested varia the variance application. by of the variance application  Order?	Hamilton  Existing  Instructions)  Ince and any proposed  Inc.

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	CONTRACTOR	
Indiana Building Code – 2008 Edition	Specific code section	
Nature of non-compliance (include a dead time	907.2.9/Variance	# 13-06-42
Nature of non-compliance (include a description of spaces, An existing 1-story 4-unit residential building re-	and the state of t	
An existing 1-story 4-unit residential building revariance # 13-06-42. There are four owners the The variance request is to remove the fire alar "Townhouse Definition" per HB 1301 & Chapte definition and complies with all aspects of the definition.	m system and allow the building to be r 2 IBC. Each unit is separated with 2	cost that wasn't part of the sale of their unit. e designated as townhouses per the new 2-hour fire resistive walls as required by the
8. DEMONSTRATION THAT PUBLIC HEALTH,	SAFETY, AND WELFARE WILL BE	PROTECTED
Select one of the following statements:		TROTEGIED
Non-compliance with the rule will not be adverse	to the public health and the	
Applicant will undertake alternative actions in the	to the public health, safety or welfare; o	r .
to public health, safety or welfare. Explain why a	The state of the s	nat granting of the variance will not be adverse e specific)
Facts demonstrating that the above selected statement is true	le:	
1. The units comply with the townhouse definition	on. Fire alarm system is not required	by the 2005 Indiana Residential Code
		and and maintaine residential Code.
9. DEMONSTRATION OF UNDUE HARDSHIP O	R HISTORICALLY SIGNIFICANT OF	
Select at least one of the following statements:	THE TORICALL SIGNIFICANTS	TRUCTURE
Imposition of the rule would result in an undue hard its utility services.		1
Imposition of the rule would result in an undue hard building or structure.	lship (unusual difficulty) because of majo	or operational problems in the use of the
Imposition of the rule would result in an undue hard elements.	Iship (unusual difficulty) because of exce	ssive costs of additional or altered construction
Imposition of the rule would prevent the preservation	on of an architecturally or a historically sig	
The owner's undue hardship involves the cost fo the fire alarm installation. This could cause legal approval from the HOA or the owners themselve	r each owner to pay for the monitorir issues for the contractor as the fire as.	ng cost and the additional hardware to finish alarm system was added without any
10. STATEMENT OF ACCURACY		
hereby certify under penalty of perjury that the informat	ion contained in this application is accur-	ato
Signature of applicant or person submitting application	Please print name	
	Timothy T. Callas	Date of signature (Month, day, year) February 3, 2015
Signature of decign professional (# #	Please print name	
		Date of signature (Month, day, year)
1 STATEMENT OF WAR		
1. STATEMENT OF AWARENESS (if the application hereby certify under penalty of perjury that Lam awareness)	on is submitted on the applicant's behalf	the applicant must sim the following state
hereby certify under penalty of perjury that I am aware of applicant	of this request for variance and that this	application is being submitted
/ ft	Please print name	Date of signature (Month, day, year)
Cypthia Dogwey	Cynthia Harvey	2) (71) 5



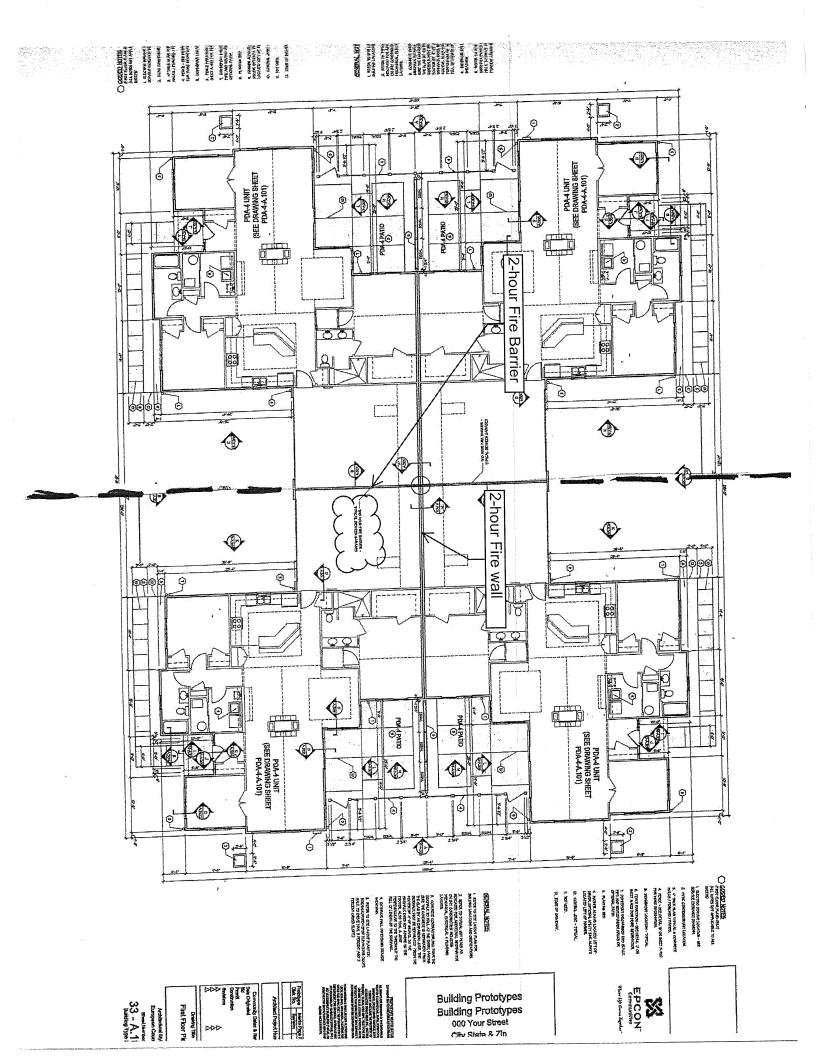
INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this

Variance number (Assigned by department)

application		
1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usually	this is the owner)
Name of the applicant	Title	
Mr. Daniel Strandberg	Owner	
Name of Organization	Telephone Number	
N/A		
Address (number and street, city, state, and ZIP code)		
12015 Buo Charlot Lane McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(if not submitted by the a	applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal Telephone Number	
Name of Organization	(317) 889-4300	
J & T Consulting, LLC	(317) 009-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
3. DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name of design professional	License number	
N/A	Telephone number	
Name of Organization	Telephone number	
Address (number and street, city, state, and ZIP code)		
4. PROJECT IDENTIFICATION		The Control of the Co
Name of Project	State project number	County
Villas at Geist Block # 7		Hamilton
Site Address (number and street, city, state, and ZIP code)		
13915 Rue Charlot Lane, McCordsville, Indiana 46055	Clears of conunction	⊠ Existing
Type of: project: New Addition Alteration	☐ Change of occupancy	M Existing
5. REQUIRED ADDITONAL INFORMATION		
The following required information has been included with this application (check as	applicable):	to the offered
A check made payable to the Indiana Department of Homeland Security for the	ne appropriate amount (see i	nstructions)
☐ One (1) set of plans or drawings and supporting data that describe the area aff	ected by the requested varia	ance and any proposed
alternatives.	f the variance application.	
Written documentation showing that the local fire official has received a copy of		
Written documentation showing that the local building official has received a co	ppy of the variance application	on.
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction	n Order?	
☐ Yes (if yes, attach a copy of the Correction Order) ☐ No		
Has a Violation been issued? Yes (if yes, attach a copy of the Violation and ansi	ver the following:)	⊠ No
Class Fire and Building	Code Enforcement Section	
Violation issued by: ☐ Local Building Department ☐ State Fire and Building ☐ Local Fire Department	<b>~~~</b>	

7. DESCRIPTION OF REQUESTED VARIAN	A	
Name of cade or standard and edition involved		
Indiana Reigina Code - pone cultur		Specific state section
biglion of our conclusion revisits a decreasing		907.2.9/Vinisance # 13-06-42
An existing 1-stary 4-tests residential to deter-	era, enjugunung, cir, en	erived as necessary e los asiall a fire alarm system is lieu of a NFPA 1312 system per to pay for recoduling cost that associated a NFPA 1312 system per
variance # 13-06-42. There are four owners	n roudived vanance i ihat ore romanee	e to be tall a fire elarm system in lieu of a NFPA 13L1 system per to pay for receduring cost that wasn't part of the siste of their unit
definition and complete the 1301 & Cha	pter 2 BC. Hacky	allow the building to be designated as townhouses per the rank off is separated with 2 hour fire resistive walls as required by the
S DEMONSTER TO SERVER STATE	e definition.	the section of the section will be section as the section of the
3. DEMONSTRATION THAT PUBLIC HEALT	H EAFETY AND	WELFARE WILL BE ERDIECTED
The Mile of the IONEWEIG Statements		
Not-compliance with the rule will not be now	make the same v	***
to public depth, delay or we have Explain wh	ieu ul campiance v N allermalivo actions	officials of Welline; in The falls in create that granting of the varience will not be orivense The fall of well and the specific
The same with the property of the state of the same of	in Parmie	CONTRACTOR
<ol> <li>The units comply with the townhouse defi-</li> </ol>	nilios. Fire alarm e	ystem is not required by the 2005 Indians Residential Code.
		gazant is not required by the 2005 Indians Residential Code.
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<u> </u>		
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9. DEMONSTRATION OF UNDUE HARDSHIP	OF HISTORICAL	4 Y SHENIS PANE SERVICE
Select at least one of the following statements:		-term (GMA) 24 PDC (1985)
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the utility sourcitions, and making a set undue it	umiship (Unuacie) dili	inally) because of physical limitations of the construction alle or
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building or structure would result to am undire to	esodstáp (warazana) díli	ficulty) because of major operational problems in the use of the
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elements.	andship (anespeed diff	cuity) because n' oxogessae costs of additional or altered construction
I knowled at the rate months as a second		and the state of the state of the second construction
The property of the Line apply Stevent the bresent	etion of an architectu	rally or a historically significant part of the building or structure.
Packs the remploying that the obove selected stubornant is i	F/I8;	the state of the s
the for street and the name involves the con-	for sech owner to	pay for the monitoring cost and the additional hardware to finish unfractor as the fire significant solver one property.
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H. STATEMENT OF ACCURACY		
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<del></del>	Tamotiny T. Calla	Date of styrolare (Month, day, year)
Signature of design professional (if applicable)	See See	February 3, 2015
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1. STATEMENT OF AWARENESS WATER	2	the apputability tropall, the applicant must also the following statement).
Leading the first property and a second as	en die Stationer en	the applicatife behalf the application and sum the following plotosically variance and that this application is being automitted on my behalf.
planting the second control and and the second control and answer		windarca and that this application is being autorited on the balance
	Daniel Strandbor	
		2 FF& PAIC









JOHN H. HILL, EXECUTIVE DIRECTOR Indiana Department of Homeland Security Indiana Government Center South 302 West Washington Street Indianapolis, IN 46204 317-232-3980

June 6, 2013

ROSS and CAROLYN PETER

Dear ROSS and CAROLYN PETER,

This letter provides notice below of the action taken by the Fire Prevention and Building Safety Commission on your application(s) for a variance(s) from the Commission's rules under IC 22-13-2-11 and 675 IAC 12-5. The Commission considered the application with all alternatives offered, as a part of its published agenda, at its regular meeting on June 4, 2013.

77TT 7			
A TTTW	S AT GEIST BUILDING #12	13-06-42	
nditions			
smoke and :	ire alarm system is to be	e installed, and plans are	to
e	Code Section	Commission Action & Da	te
BC (675 13-2.5)	903.2.7	Approved with 06 Commission condition(s)	5/04/201
	smoke and f hin ten day e BC (675	smoke and fire alarm system is to be hin ten days.  Code Section  BC (675 903.2.7	smoke and fire alarm system is to be installed, and plans are hin ten days.  e Code Section Commission Action & Day  BC (675 903.2.7 Approved with 06

You are advised that if you desire an administrative review of this action, you must file a written petition for review at the above address with the Fire Prevention and Building Safety Commission. Your petition must fully identify the matter for which you seek review no later than eighteen(18) calender days from the above stated date of this letter, unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours; in which case the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this action will be final.



INSTRUCTION: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.

Variance number (Assigned by department) 13-06-42

	100	
1. APPLICANT INFORMATION (Person who would be in violation if variance is	not granted; usually this is	the owner)
Name of the applicant	Title-{	
See enclosed additional Page 2 for additional signatures.	Owner	
Name of organization	Telephone number	
Address (number and street, city, state, and ZIP code) 13902, 13906, 13910, 13914 Rue Charlot Lane, McCordsville, Indiana 4605	5	
13902, 13906, 13910, 13914, Rue Chanct Lane, Medicastins, Indiana 155	not cubmitted by the applica	ent)
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If	Title	
Name of person on behalf of the applicant	Principal	
Mr. Timothy T. Callas  Name of organization	Telephone number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code)		
8220 Rob Lane, Indianapolis, Indiana 46237	N. C.	
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
N/A	1 2 3 3	
Name of organization	Telephone number	
	n, ë	
Address (number and street, city, state, and ZIP code)	1 <b>.</b> 10	
A S	7.	
4. PROJECT IDENTIFICATION	State project number	County
Name of project	350058	Hamilton
Villas at Geist Building # 12  Site address (number and street, city, state, and ZIP code)	1000	
13902, 13906, 9780, 9784 Rue Charlot Lane, McCordsville, Indiana 4605	5	
Type of project: New Addition Alteration	☐ Change of occupancy	Existing
5. REQUIRED ADDITIONAL INFORMATION		
The following required information has been included with this application (check as	applicable):	
☑ A check made payable to the Indiana Department of Homeland Security for the	appropriate amount. <i>(see ins</i>	tructions)
- with a data that describe the group of	ected by the requested varian	ce and any proposed
alternatives.		,, ,
☑ Written documentation showing that the local fire official has received a copy of	f the variance application.	
Written documentation showing that the local building official has received a co	ppy of the variance application	
• William documentation and any	1	
6. VIOLATION INFORMATION		
	rrection Order?	
Has the Plan Review Section of the Division of Fire & Building Safety issued a Co	ncodon Ordon	4
☐ Yes (if yes, attach a copy of the Correction Order) ☑ No		
Has a violation been issued?	answer the following)	☐ No
— — — — — — — — — — — — — — — — — — —	uilding Code Enforcement Sec	tion
Violation issued by: ☑ Local Building Department ☐ State Fire and Building Department ☐ State Fire and Building Department	•	

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# 7. DESCRIPTION OF REQUESTED VARIANCE Specific code section Name of code or standard and edition involved Indiana Building Code - 2008 Edition 903.2.7 Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) A new one (1) story 4 unit R-2 Occupancy already constructed and occupied will not be provided with an automatic fire suppression system per NFPA 13D. Code requires buildings containing group R fire areas to be provided with an automatic fire suppression system throughout per NFPA 13 or NFPA 13R or. 8. DEMONSTATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED Select one of the following statements: Non-compliance with the rule will not be adverse to the public health, safety or welfare; or Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific). Facts demonstrating that the above selected statement is true: 1. Building will be provided with a monitored fire alarm system. 2. Each unit is provided with two (2) exits. 3. The units are separated with one two (2) hour fire wall and one two (2) fire barrier. 4. This building was issued a Construction Design Release (SBC # 350058) and a variance (# 11-03-30) that the Fire Prevention and Building Safety Commission added a condition to provide a NFPA 13D system. The NFPA 13D system was not installed. 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE Select at least one of the following statements: Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. Facts demonstrating that the above selected statement is true: The owner's of each unit undue hardship involves the cost (\$ 45,000) to sprinkler the building with a NFPA 13D system. The existing water supply only provides 7.5 GPM, which would require the existing domestic water lines to be replaced. A stand alone system would require the building to be enlarged for each unit to accommodate a 200 gallon tank and augmentation of electrical system to accommodate 230VAC. The building is already constructed and has been occupied for two (2) years. These are condominium units and are owned by the occupants. 10. STATEMENT OF ACCURACY I hereby certify under penalty of perjury that the information contained in this application is accurate. Date of signature (month, day, year) Signature of applicant or per Supergraph Callas, on Land Timothy T. Callas, on Land calls Date: 2013.05.15 16:04:53-04:00 Signature of applicant or person submitting application Please print name Timothy T. Callas May 10, 2013 Signature of design professional (if applicable) Please print name Date of signature (month, day, year) N/A 11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement) I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf. Please print name Date of signature (month, day, year) Signature of applicant

Ross A. AND Carolyn A. Peter

